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CONFIRMATION NO. 6269

<b>SERIAL NUMBER</b> 10/716,589	<b>FILING OR 371(c) DATE</b> 11/18/2003 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> 2102402-915021
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**\*\* CONTINUING DATA \*\*\*\*\*** *yes. A.A.*  
 This application is a CIP of 09/841,941 04/24/2001 PAT 6,947,586 which claims benefit of 60/199,237 04/24/2000  
 This application 10/716,589  
 claims benefit of 60/427,470 11/18/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *none A.A.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 01/06/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Anchor S. M. A.A.</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 2
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**ADDRESS**  
26379

**TITLE**  
Analyte recognition for urinalysis diagnostic system

<b>FILING FEE RECEIVED</b> 1080	<b>FEEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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